

SINGLE BUSINESS TAX AMENDED RETURN**C-8000X**

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

Complete and attach any schedules that have changed because you are amending.**IDENTIFICATION**

1 This return is for calendar year _____ or for the following tax year Beginning Date Ending Date <div style="display: flex; justify-content: space-around;"> <div>month year 19</div> <div>month year 19</div> </div>	5 Federal Employer ID No. (FEIN) or TR No. 6a Check this box if address is new <input type="checkbox"/> b Check this box if discontinued <input type="checkbox"/> Effective date of discontinuance _____
2 Name (Type or Print) _____ d/b/a _____ Street Address _____ City, State, ZIP _____	
3 Check this box if you are filing a Michigan consolidated return. <input type="checkbox"/> Enter authorization number _____	
4 Check this box if you are a member of a controlled group (see instruction book). <input type="checkbox"/>	
7 Business Start Date 8 Source of Change <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> IRS <input type="checkbox"/> Audit <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Amended <input type="checkbox"/> Federal </div> </div>	
9 Organization Type (check one) <div style="display: flex; justify-content: space-between;"> <div> a. <input type="checkbox"/> Individual c. <input type="checkbox"/> Professional Corp. e. <input type="checkbox"/> Other Corp. g. <input type="checkbox"/> Limited Liability Co. </div> <div> b. <input type="checkbox"/> Fiduciary d. <input type="checkbox"/> S-Corp. f. <input type="checkbox"/> Partnership </div> </div>	

	As Reported or Adjusted	Correct Amount
10 Gross receipts	10 .00	10 .00
11 Business income (50% method; see instructions)	11 .00	11 .00
COMPENSATION		
12 Salaries, wages and other payments to employees	12 .00	12 .00
13 Employee insurance plans - health, life	13 .00	13 .00
14 Pension, retirement, profit sharing plans	14 .00	14 .00
15 Other payments - supplemental unemployment benefit trust, etc	15 .00	15 .00
16 Total Compensation. Add lines 12 - 15	16 .00	16 .00
ADDITIONS		
17 Depreciation and other write-off of tangible assets	17 .00	17 .00
18 Taxes imposed on or measured by income (city, state, foreign)	18 .00	18 .00
19 Single business tax	19 .00	19 .00
20 Dividend, interest and royalty expenses	20 .00	20 .00
21 Capital loss carryover or carryback	21 .00	21 .00
22 Net operating loss carryover or carryback	22 .00	22 .00
23 Gross interest and dividend income from bonds and similar obligations issued by states other than Michigan and its political subdivisions	23 .00	23 .00
24 Any deduction or exclusion due to classification as FSC or similar classification and expenses of financial organizations (see inst.)	24 .00	24 .00
25 Losses from partnerships, Account no.	25 .00	25 .00
26 Total Additions. Add lines 17 - 25	26 .00	26 .00
27 Subtotal. Add lines 11, 16 and 26	27 .00	27 .00
SUBTRACTIONS		
28 Dividends, interest and royalty income included in business income	28 .00	28 .00
29 Capital losses not deducted in arriving at business income	29 .00	29 .00
30 Income from partnerships included in business income, Account no.	30 .00	30 .00
31 Total Subtractions. Add lines 28 - 30	31 .00	31 .00
TAX BASE		
32 Tax Base. Subtract line 31 from line 27	32 .00	32 .00
33 Apportioned Tax Base. Multiply line 32 by % from C-8000H	33 .00	33 .00

Attach your check here ▶

Go to page 2**PAYMENT**
 65 What amount did you enter on page 2, line 61 **PAY THIS AMOUNT** ▶ 6500

Federal Employer Identification Number _____

TAX BASE	As Reported or Adjusted	Correct Amount
34 What amount did you enter on line 32 or 33 (whichever applies)?	3400	3400
ADJUSTMENTS		
35 Capital acquisition deduction (from C-8000D)	3500	3500
36 Recapture of capital acquisition deduction (from C-8000D)	3600	3600
37 Net capital acquisition deduction. Subtract line 36 from line 35	3700	3700
38 Adjusted tax base before loss deduction and statutory exemption Subtract (if negative add) line 37 from line 34. If negative, loss carryforward	3800	3800
39 Business loss deduction	3900	3900
40 Adjusted tax base before statutory exemption. Subtract line 39 from line 38 ...	4000	4000
STATUTORY EXEMPTION (See schedule C-8043 in the instruction booklet.)		
41 Allowable statutory exemption from schedule (attach C-8043)	4100	4100
42 ADJUSTED TAX BASE. Subtract line 41 from line 40. Check if C-8000G is attached. <input type="checkbox"/>	4200	4200
REDUCTIONS, CREDITS, TAX		
43 Reduction to adjusted tax base, if applicable (see form C-8000S)	4300	4300
44 Taxable base. Subtract line 43 from line 42 or enter amount from C-8000S	4400	4400
45 TAX BEFORE CREDITS. Multiply line 44 by the applicable tax rate	4500	4500
Amend the small business and contribution credits on form C-8000C before continuing. If you did not claim these credits enter the amount from line 45 on line 46.		
46 Enter either the amount from form C-8000, line 45 or C-8000C	4600	4600
47 Unincorporated/S-Corp Credit	4700	4700
48 Nonrefundable Credits	4800	4800
49 Add lines 47 and 48	4900	4900
50 Tax After Nonrefundable Credits. Subtract line 49 from line 46	5000	5000
PAYMENTS		
51 Overpayment credited from prior year	5100	5100
52 Estimated tax payments	5200	5200
53 Tax paid with request for extension	5300	5300
54 Refundable Credits	5400	5400
55 Amount paid with original return plus additional tax paid after original return was filed	5500	5500
56 Add lines 51 - 55	5600	5600
57 Overpayment, if any, as shown on original return (or as previously adjusted)	5700	5700
58 Subtract line 57 from line 56	5800	5800
TAX DUE/OVERPAYMENT		
59 Tax due. If line 50 is more than line 58, enter the difference	5900	5900
60 Amended return penalty _____ and interest _____	6000	6000
61 Add lines 59 and 60. Enter here and on page 1, line 65	6100	6100
62 If line 50 is less than line 58, enter the difference. You overpaid this amount	6200	6200
63 Amount of line 62 to be credited forward	6300	6300
64 Subtract line 63 from line 62	REFUND	6400

SIGNATURE AND PREPARER AUTHORIZATION**TAXPAYER'S DECLARATION**

I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.

- ☐ I authorize Treasury to discuss my return with my preparer.
☐ Do not discuss my return with my preparer.

Taxpayer's Signature

Date

Title

PREPARER'S DECLARATION

I declare, under penalty of perjury, that this return is based on all information of which I have any knowledge.

Preparer's Signature

Date

Business Address and Phone